

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=62-010025**

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 303

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
MEDICAL CERTIFICATION  
RC. LONG, M.D.

**FILED MAR 19 1962**

**1. PLACE OF DEATH**

a. COUNTY

**Buchanan**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Joseph**

Length of stay in 1b  
**5 days**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Missouri Methodist Hosp.**

Inside Limits  
Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Andrew**

c. CITY  
OR  
TOWN **Amazonia**

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☐

**3. NAME OF DECEASED**  
(Type or print)

First

Middle

Last

**GEORGE**

**ULRICH**

**4. DATE  
OF  
DEATH**

Month **March** Day **8** Year **1962**

5. SEX  
**male**

6. COLOR OR RACE  
**white**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**1/22/1874**

9. AGE (last birthday)  
**88**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**retired minister**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**Sheloyan County, Wisc.**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**Peter J. Ulrich**

13b. MOTHER'S MAIDEN NAME

**Mary E. Meyer**

14. NAME OF HUSBAND OR WIFE

**Anna B. Ulrich**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Mrs. Anna Ulrich, Amazonia, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Coronary Occlusion**

INTERVAL BETWEEN  
ONSET AND DEATH:  
**3 days**

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Small bowel obstruction, operated, 3-5-62**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **3-4-62**

to **3-8-62**

and last saw **him** alive on **3-8-62**

Death occurred at **8:40 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

**Savannah, Missouri**

22c. DATE SIGNED

**3-12-62**

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

**burial**

23b. DATE

**3/10/1962**

23c. NAME OF CEMETERY OR CREMATORY

**Memorial Park Cemetery**

23d. LOCATION (City, town, or county)

**St. Joseph**

(State)

**Missouri**

24. FUNERAL DIRECTOR

ADDRESS

**Newton Bowman, St. Joseph, Mo.**

25. DATE RECD. BY LOCAL REG.

**Mar. 15, 1962**

26. REGISTRAR'S SIGNATURE

**Mrs. Clark Goodell**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

APR 17 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Eugene Wood*

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.